PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

lective December 29, 1999	
·	09/5/18/
	

Г	CLAIMO AO EU ED ELET							09/5/18/2					
Ļ	CLAIMS AS FILED - PART I (Column 1) (Column 2)										THAN ENTITY		
F	OR 		NUMB	NUMBER FILED		NUMBER EXTRA] [7	RATE	FEE	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	RATE	FEE
В	ASIC FEE								345.00	OR		690.00	
TO	OTAL CLAIMS	·		minus	* /	4] [;	X\$ 9=		OR	X\$18=	288	
INDEPENDENT CLAIMS / minus 3 = * /									X39=		OR	X78=	18 -
MULTIPLE DEPENDENT CLAIM PRESENT									-130 ₌		1	+260=	12
* If the difference in column 1 is less than zero, enter "0" in column 2									OTAL		OR OR	TOTAL	10-
	CLAIMS AS AMENDED - PART II									<u></u>	1 _{OH}	OTHER	1050
	(Column 1) (Column 2) (Column 3)							s	MALL	ENTITY	OR	SMALL	
AMENDMENT A		REM AF	AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
ENDI	Total	*		Minus	**		=	X	(\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	* NTATIC	N OF M	Minus	PENIC		=	>	⟨39=		OR	X78=	`
					LIVE	LIVI OLAIM		+	130=		OR	+260=	*
								400	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)									OIT. FEE	<u> </u>		ADDIT. FEE	
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		i PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	Х	\$ 9=		OR	X\$18=	,
AME	Independent	*		Minus	***		=	X	(39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									·····	OR	•	
									130≃ TOTAL		OR	+260=	
				•					IT. FEE		OR,	TOTAL ADDIT. FEE	
_	1.00		ımn 1) AIMS			olumn 2) HIGHEST	(Column 3)						
AMENDMENT C		REM/ AF	AINING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q N	Total	*		Minus	**		=	XS	\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=	X	39=		ŀ	X78=	
	FIRST PRESE	NIATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM		<u> </u>			OR		· · · · · · · · · · · · · · · · · · ·
• 1	the entry in colur	mn 1 is le	ess than th	e entry in colu	mn 2	write "O" in col	umn 2		30=		OR	+260=	
I	f the "Highest Nur f the "Highest Nu	mber Pre	viously Pa	id For" IN THIS	S SPA	CF is less that	1 20 Anter "20 "		TOTAL T. FEE		OR ,	TOTAL ODIT. FEE	
	The "Highest Num	ber Prev	iously Pai	d For" (Total or	Indep	endent) is the	n 3, enter "3." highest numbe			ropriate box			
						•							